

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 08/22/03.

I. DISPUTE

Whether there should be reimbursement for an OBUS form (durable medical equipment).

II. RATIONALE

The injured employee purchased an OBUS form for \$89.96 as prescribed by her doctor. Durable medical equipment under \$500.00 does not require preauthorization per Rule 134.600 (h). The injured employee did not provide proof that reimbursement was requested from the insurance carrier per Rule 133.307 (f)(3). Reimbursement is not recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement.

The above Findings, Decision and Order are hereby issued this 13th day of January 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

LLC/lle